



City of Taunton

Board of Health

45 School Street
Massachusetts 02780-3212

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Residential, Municipal, and Commercial Solid Waste Hauler Application for 20__

Permit Fee: \$150.00 per vehicle

Company Name: _____ Telephone: _____

Business Address: _____

Mailing Address (if different): _____

Name of Owner/Contact Person: _____ Telephone: _____

Address of Owner/Contact Person: _____

Do hereby make application for a permit to engage in the business of collecting residential, municipal, and/or commercial solid waste (and recyclables) in the City of Taunton.

Vehicle #1 Make: _____ Model: _____ License Plate: _____
Truck Identification Number: _____ Capacity/Size: _____

Vehicle #2 Make: _____ Model: _____ License Plate: _____
Truck Identification Number: _____ Capacity/Size: _____

Vehicle #3 Make: _____ Model: _____ License Plate: _____
Truck Identification Number: _____ Capacity/Size: _____

*** List additional trucks on a separate attached sheet ***

EMAIL #1 _____ EMAIL #2 _____

1. Where is your **PRIMARY** Disposal Location? _____

2. Please list all the residential, commercial/industrial, and municipal customers you service in the City of Taunton

| Customer Name | Customer Address | Dumpster Size/s |
|---------------|------------------|-----------------|
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*** List additional customers on a separate attached sheet ***

Telephone (508) 821-1400/821-1401 • Fax (508) 821-1405

3. Please provide an exact figure of the tonnage of refuse and recyclables collected last year by your company from Taunton customers.

Trash: _____ Tons

Recyclables: _____ Tons

Signature of Owner or Corporate Officer

Date